

2011 Premium Rate Sheet for  
\$1000 Deductible Plan

2011 Premium Rates for N1 Benefits Group						
Plan	Class of Coverage	2011 Total Premium	Amount Paid By County	Employee Monthly Premium	Employee Bi-Monthly Deduction	Monthly Rate w/ Vision
UHC	Employee Only	\$540.25	\$ 502.43	\$ 37.82	\$ 18.91	
	Employee & One Dependent	\$991.05	\$ 842.39	\$ 148.66	\$ 74.33	
	Employee & Two or More Dependents	\$1,335.81	\$1,135.43	\$ 200.38	\$ 100.19	
Metlife	Employee Only	\$23.29	\$ 19.80	\$ 3.49	\$ 1.75	
	Employee & One Dependent	\$60.23	\$ 48.18	\$ 12.05	\$ 6.03	
	Employee & Two or More Dependents	\$60.23	\$ 48.18	\$ 12.05	\$ 6.03	
Total Medical and Dental Premiums						
	Employee Only			\$ 41.31	\$ 20.66	\$ 46.62
	Employee & One Dependent			\$ 160.71	\$ 80.36	\$ 169.30
	Employee & Two or More Dependents			\$ 212.43	\$ 106.22	\$ 225.66